



MEMO NUMBER:-

DATE:-

**CERTIFICATE FOR ENROLMENT (FORM – B)
UNDER MAAVOI - WEST BENGAL HEALTH SCHEME FOR THE JOURNALISTS, 2016**

CERTIFIED THAT -----, DESIGNATION (-----) ATTACHED TO ---
----- HAS BEEN ENROLLED UNDER “MAAVOI- WEST BENGAL HEALTH
SCHEME FOR THE JOURNALISTS, 2016”.

Name of the Beneficiary –
Relationship with journalist –
Beneficiary ID NUMBER -

D.O.B -

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DETAILS OF THE JOURNALIST:

1. NAME OF THE JOURNALIST:
2. DESIGNATION:
3. ADDRESS:

4. DATE OF BIRTH:
5. MARITAL STATUS:
6. WARD ASSIGNED:

GENERAL/SEMI-PRIVATE

COPY FORWARDED FOR INFORMATION AND NECESSARY ACTION TO:

1. SHRI/SMT.
2. DIRECTOR OF INFORMATION, NABANNA
3. JOURNALISTS HEALTH CELL OF THIS DEPARTMENT

The Journalist along with his/her dependent family members are eligible for ‘Maavoi – West Bengal Health Scheme for the Journalists, 2016’ under Information & Cultural Affairs Department, Government of West Bengal.

SIGNATURE OF **BENEFICIARY**:-

SIGNATURE OF THE **JOURNALIST**:-

SIGNATURE OF **O.S.D & E.O. SPECIAL SECRETARY**
DEPARTMENT OF **INFORMATION & CULTURAL AFFAIRS**